

FY 1994 Prospective Payment System Payment Impact File:

This file contains data used to estimate FY 1994 payments under Medicare's prospective payment systems (PPS) for hospitals' operating and capital costs.

The data are taken from various sources, including the Provider Specific File, the PPS-VII and PPS-VIII Minimum Data Sets, and prior impact files. The data set is abstracted from an internal file used for the impact analysis of the changes to PPS published in the Federal Register. This file is available for release one month after the PPS Final Rule is published in the Federal Register, which generally occurs the first week of September.

# **FY 1994 PPS PAYMENT IMPACT FILE**

<u>File Pos.</u>	<u>Format</u>	<u>Title</u>	<u>Description</u>
1-4	4.	Average daily census (ADC)	From cost reports
6-9	4.	Number of beds	From cost reports
11-18	8.2	Medicare discharges	From 1992 MEDPAR file (adjusted for transfer cases)
20-25	6.4	Case Mix Index	Version 11 GROUPER
27-32	6.4	Operating Cost of Living Adjustment	Applied to providers in Alaska and Hawaii for operating PPS
34-39	6.4	Capital Cost of Living Adjustment	Applied to payments to providers in Alaska and Hawaii for capital PPS
41-49	9.7	Capital Outlier Percentage	Estimated capital outlier payments as a percentage of Federal capital DRG payments
51-56	7.5	Capital cost-to-charge ratio	From Provider Specific File, ratio of Medicare capital costs to Medicare covered charges
59-67	9.7	Disproportionate share (DSH) patient percentage	As determined from cost report and Social Security Administration (SSA) data
69-77	9.7	Capital DSH adjustment factor	Applied to capital PPS payments
79-87	9.7	Operating DSH adjustment factor	Applied to operating PPS payments
89-94	\$6.	Hospital's fiscal year ending date	From cost report
96-103	8.2	Hospital-specific rate	Higher of 1982 or 1987 hospital-specific rates, updated through FY 1994, and adjusted for case-mix index. (Data for Sole Community Hospitals and

			Medicare-Dependent, Small Rural Hospitals only)
105-108	\$4.	Pre-FY 1994 Metropolitan statistical area (MSA)	MSA where hospital is actually located, prior to new MSA definitions resulting from 1990 census. Rural areas designated by two digit SSA State codes.
110-113	\$4.	FY 1994 MSA	MSA where hospital is actually located after new MSA definitions resulting from 1990 census (see above).
115-118	\$4.	Post-reclassification FY 1994 MSA (wage index)	MSA used for wage index assignment after reclassification by the Medicare Geographic Classification Review Board (MGCRB).
120-123	\$4.	Post-reclassification FY 1994 MSA (standardized amount)	MSA used for standardized amount assignment after reclassification by the MGCRB.
125-131	7.5	Operating cost-to-charge ratio	From Provider Specific file, ratio of Medicare operating costs to Medicare covered charges
133-141	9.7	Operating outlier percentage	Estimated operating outlier payments as a percentage of operating DRG payments
143-149	\$6.	Provider Number	Six character provider number, first two digits identify the State
151-152	2.	Provider Type	0 = Short term PPS hospital 1 = Sole community hospital 7 = Rural Referral Center 8 = Indian hospital 11 = Sole community hospital and

			Rural Referral Center
			12 = Alcohol hospital
			14 = Medicare- dependent, small rural hospital
			15 = Medicare-dependent, small rural hospital/referral center
154-160	7.5	Resident-to-ADC ratio	Used to calculate the indirect medical education adjustment (IME) for capital PPS payments
162	\$1.	Reclassification status	Indicates hospitals reclassified by the MGCRB
			N = Not reclassified
			R = Reclassified for the standardized payment
			W = Reclassified for the wage index
			B = Reclassified for the standard payment and the wage index
			L = Reclassified under Section 1886(d)(8) of the Social Security Act
164-165	2.	Post-reclassification region	Region used to assign the regional standardized amounts after

reclassification by the  
MGCRB

1 = New England

2 = Middle Atlantic

3 = South Atlantic

4 = East North  
Central

5 = East South Central

6 = West North  
Central

7 = West South  
Central

8 = Mountain

9 = Pacific

40 = Puerto Rico

167-168	2.	Pre-reclassification Region	Region used to assign the regional standardized amounts prior to reclassification by the MGCRB (see post- reclassification region for key)
170-175	6.4	Resident-to-bed ratio	Used to determine IME factor for operating PPS payments
177-185	9.7	Capital IME adjustment	Based on resident-to-ADC ratio
187-195	9.7	Operating IME adjustment	Based on resident-to-bed ratio
197-202	\$6.	Pre-FY 1994 urban/rural location	Prior to new MSA definitions based on 1990 census

LURBAN = Large urban area

OURBAN = Other urban area

RURAL = Rural area

204-209	\$6.	FY 1994 urban/rural location	After new MSA definitions based on 1990 census (see pre-FY 1994 urban/rural location for key)
211-216	\$6.	Post-reclassification urban/rural status	Used to assign the standardized amounts based on reclassifications by the MGCRB
218-223	6.4	Medicare utilization rate	Medicare days as a percentage of total inpatient days. (Data not available for all hospitals)
225-233	9.7	Capital wage index	Used to determine geographic adjustment factor
235-243	9.7	Operating wage index	Applied to labor-share of standardized amount